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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration OR Declaration
Submitted Submitted after
with Initial Filing Initial Filing

Attorney Docket Number	146.1341
First Named Inventor	COURTIN et al
COMPLETE IF KNOWN	
Application Number	PCT/FR98/02671
Filing Date	December 9, 1998
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ECHINOCANDIN DERIVATIVES, PREPARATION METHOD AND APPLICATION
AS ANTI-FUNGAL AGENTS

(Title of the Invention)

This specification of which

 is attached hereto
OR was filed on (MM/DD/CCCC) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/CCCC)	Priority Not Claimed	YES	NO
97/15628	France	12/10/97	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
98/13361	France	10/26/98	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PCT/FR98/02671	PCT	12/09/98	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

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PCT/US/2001/00001

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DECLARATION

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

 Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Bierman, Muserlian and Lucas	18,818		
Jordan B. Bierman	18,629		
Charles A. Muserlian	19,683		
Donald C. Lucas	31,275		

 Additional registered practitioner(s) named on a supplemental sheet attached hereto.

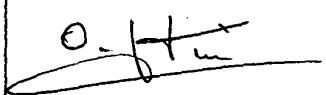
Direct all correspondence to:

Name	Charles A. Muserlian		
Address	Bierman, Muserlian and Lucas		
Address	600 Third Avenue		
City	New York	State	NY
Country	U.S.A.	Telephone	(212) 661-8000
		Fax	(212) 661-8002

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

 A petition has been filed for this unsigned inventor.

Given Name	Olivier	Middle Initial		Family Name	COURTIN	Suffix e.g. Jr.	
Inventor's Signature					Date	June 5, 2000	

Residence: City	Paris	State	Country	France	Citizenship	France
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Post Office Address: 203, rue de Charenton, F 75012 Paris, France

Post Office Address: .

City	Paris	State	Zip	F 75012	Country	France
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 Additional inventors are being named on supplemental sheet(s) attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Patrick	Middle Initial	Family Name	FAUVEAU		
Inventor's Signature	<i>Patrick Fauveau</i>				Date	June 5, 2000
Residence: City	Livry Gargan	State	Country	France	Citizenship	France
Post Office Address	40, Avenue Camille Desmoulins, F 93190 Livry Gargan,					
Post Office Address	France					
City	Livry Gargan	State	Zip	F 93190	Country	France
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Astrid	Middle Initial	Family Name	MARKUS		
Inventor's Signature	<i>Astrid Markus</i>				Date	June 5, 2000
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Post Office Address	6, Sulzbacherstrasse, D 65835 Liederbach, Germany					
Post Office Address						
City	Liederbach	State	Zip	D 65835	Country	Germany
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Dominique	Middle Initial	Family Name	MELON MANGUER		
Inventor's Signature	<i>Melon Manguer Dominique</i>				Date	June 5, 2000
Residence: City	Montreuil	State	Country	France	Citizenship	France
Post Office Address	18, rue Michelet, F 93100 Montreuil, France					
Post Office Address						
City	Montreuil	State	Zip	F 93100	Country	France
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Jean-Marc	Middle Initial	Family Name	MICHEL		
Inventor's Signature	<i>Jean-Marc Michel</i>				Date	June 5, 2000
Residence: City	Compiegne	State	Country	France	Citizenship	France
Post Office Address	22, rue des Domeliers, F 60200 Compiegne, France					
Post Office Address						
City	Compiegne	State	Zip	F 60200	Country	France
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto						

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PROSES-0 (1-96) OMB 0651-0032

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Laurent	Middle Initial		Family Name	SCHIO		Suffix e.g. Jr.
Inventor's Signature					Date	June 5, 2000	
Residence: City	Bondy		State	Country	France	Citizenship	France
Post Office Address	24, Allee Charles Magne, F 93140 Bondy, France						
Post Office Address							
City	Bondy	State	Zip	F 93140	Country	France	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name			Suffix e.g. Jr.
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State	Zip		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name			Suffix e.g. Jr.
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State	Zip		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name			Suffix e.g. Jr.
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State	Zip		Country		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							